



# State of Wisconsin / OFFICE OF THE COMMISSIONER OF INSURANCE

Jim Doyle, Governor  
Sean Dilweg, Commissioner

Wisconsin.gov

125 South Webster Street • P.O. Box 7873  
Madison, Wisconsin 53707-7873  
Phone: (608) 266-3585 • Fax: (608) 266-9935  
E-Mail: [information@oci.state.wi.us](mailto:information@oci.state.wi.us)  
Web Address: [oci.wi.gov](http://oci.wi.gov)

## Assembly Committee on Insurance Testimony of Sean Dilweg, Commissioner of Insurance Assembly Bill 217 September 10, 2009

Thank you Chairman Cullen and members of the committee. I appreciate the opportunity to provide the committee with information on Assembly Bill 217.

Assembly Bill 217 requires health insurers that cover any diagnostic or surgical procedures to cover colorectal cancer examinations and laboratory tests for any insured or enrollee who is 50 years of age or older or any insured or enrollee who is under 50 years of age and at high risk for colorectal cancer.

Colorectal cancer is the second most common cancer killer overall and third most common cause of cancer-related death in the United States in both males and females. Early detection through screening is an important preventative measure. By the time symptoms develop, it is often too late to cure the cancer, because it may have spread. Screening identifies cancers earlier and can actually result in cancer prevention when it leads to removal of adenomas (pre-cancerous polyps).

I have tremendous appreciation for the goals of this piece of legislation. I am prepared to offer my support for its passage; however I would like to relay one concern that I have regarding the bill.

AB 217 requires OCI to work with DHS in promulgating rules that specify guidelines for the colorectal cancer screening that must be covered under this subsection, in accordance with the guidelines of the American Cancer Society for colorectal cancer screening. The rules also would specify the factors for determining whether an individual is at high risk for colorectal cancer, also in accordance with the guidelines of the American Cancer Society for colorectal cancer screening.

My concern with this approach is that the provisions limit the Commissioner to only one source for guidance. While I believe that the American Cancer Society is a highly credible source for such guidance, I also believe it is not the only source available. The National Cancer Institute, the Centers for Disease Control and Prevention, or the American College of Gastroenterology may also offer pertinent guidance that should be explored as a viable screening tools. The language of the bill would limit my ability to include other guidance until the American Cancer Society has approved.

I would offer a suggestion to strike the language that refers to American Cancer Society guidelines and substitute it with more broad language that does not limit the Commissioner's sources of guidance. I would be happy to work with the authors on substitute language.

Allow me to again extend my appreciation to the committee for holding today's hearing. I would be happy to answer any questions you may have.

# Wisconsin Association of Health Plans

**DATE:** September 10, 2009  
**TO:** Members, Assembly Committee on Insurance  
**FROM:** Phil Dougherty  
Senior Executive Officer  
**SUBJECT:** Assembly Bill 217, Mandated Coverage of Colorectal Cancer Screening

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**Summary:** The Wisconsin Association of Health Plans consists of 18 member health plans that, with their affiliated organizations, account for approximately 74 percent of health care premium collected in Wisconsin. The Association supports Assembly Bill 217 with modifications to allow the requirements to change with medical science and allow health care providers and insurers to adopt the most appropriate, nationally recognized screening guidelines for their patient populations. Association members already provide coverage for colorectal cancer screenings and work with their communities to promote patient access to screenings. In 2007, the Association's commercial health plan members, on average, exceeded the national average for colorectal cancer screening by 10 points.

**Wisconsin Association of Health Plans members are allies in cancer prevention.** Wisconsin Association of Health Plans members use well-designed benefit programs to promote access not only to appropriate treatment for illness and injury but also to important preventive screenings. All our Association member plans are committed to promoting access to the best care in the most appropriate setting at the most appropriate time. Consistent with this philosophy, all Association-member commercial health plans provide coverage for colorectal cancer screening, and in most plans, coverage of colorectal cancer screenings is provided without copayment, co-insurance or deductible requirements.

**Wisconsin Association of Health Plans commercial health plan members, on average, exceeded the national average for colorectal cancer screening by 10 points in 2007** (61.8% of the indicated population, compared to the health plan national average of 51.3%, according to the most recently published Healthcare Effectiveness Data and Information Set (HEDIS) data). They did it by promoting the need for screenings, identifying appropriate candidates for screening and reaching out with various communications and, in some cases, free test kits and financial incentives.

**The Wisconsin Association of Health Plans supports Assembly Bill 217 with modifications.** The changes we recommend would make the bill less prescriptive to allow coverage to change over time with advancements in medical technology, techniques and evidence-based guidelines. Further, the modifications we recommend would allow providers and health plans to choose the most appropriate set of guidelines to help ensure patient compliance with colorectal cancer screening.

There is general agreement within the medical community on most facets of colorectal cancer screening; however, not all medical providers and health plans follow the same set of medical guidelines on colorectal cancer screening. **The guidelines of the US Preventive Services Task Force (USPSTF), for example, are considered the gold standard by many health care providers and plans.** Sponsored by the US Department of Health and Human Services Agency for Healthcare Research and Quality, the USPSTF is the leading independent panel of private-sector experts in prevention and primary care. The mission of the USPSTF includes evaluating and making recommendations about which preventive services should be incorporated routinely into primary medical care.

Other highly regarded organizations, such as the American Cancer Society (ACS), produce their own preventive services guidelines. The USPSTF and ACS guidelines on colorectal cancer screening are similar, though their differences are substantive enough that providers and health plans may choose one over the other. The Wisconsin Association of Health Plans' recommendation to broaden the legislative proposal before the Committee would enable health plans to adopt the most appropriate set of screening guidelines in consideration of local provider preference, community resources and the characteristics of their member populations.

**Specifically, the Wisconsin Association of Health Plans recommends:**

- **Give health care providers and health plans the flexibility to adopt nationally accepted screening guidelines,** including the guidelines of the American Cancer Society but also the US Preventive Services Task Force.
- **Allow national guidelines to define both age appropriateness and who is considered "high risk" for colorectal cancer.**

With these changes, AB 217 would focus the responsibility of the Insurance Commissioner on specifying by rule the nationally accepted medical guidelines that would define:

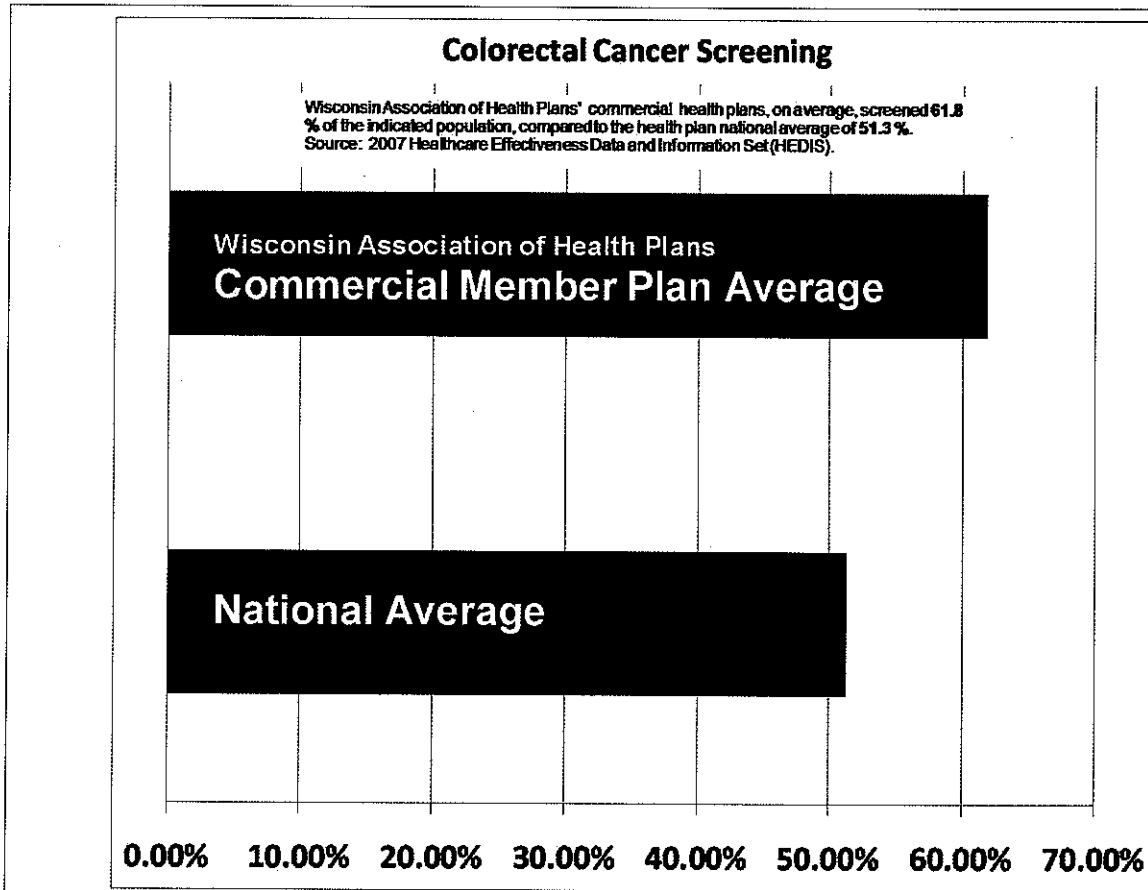
- The colorectal cancer screening modalities that must be covered; and
- The age-appropriate and high-risk populations who should receive the colorectal cancer screenings that must be covered.

In Wisconsin's commercial health insurance market, the challenge in increasing colorectal cancer screening will not be solved by passing the proposed health insurance mandate. The most formidable barrier to increasing colorectal cancer screening is patient reluctance and dissatisfaction with the preparation and time involved in getting a colonoscopy. Wisconsin Association of Health Plans members are committed to continuing their work with providers and other stakeholders in their communities to overcome such barriers and promote effective, safe and cost-effective screenings to reduce the incidence of colon cancer.

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The Wisconsin Association of Health Plans represents 18 Wisconsin health plans that, along with their affiliated organizations, serve more than 3.8 million Wisconsin residents and account for

approximately 74 percent of health care premium collected in the state. Association-member health plans offer a variety of products in Wisconsin's commercial health insurance market. In addition, 16 member plans serve more than 584,000 Medicaid enrollees in the BadgerCare Plus and SSI programs, and 14 members serve 221,000 state employees, retirees, local government employees and their families.



Wisconsin Association of Health Plans' commercial health plans, on average, screened **61.8** % of the indicated population, compared to the health plan national average of **51.3** %.

Source: 2007 Healthcare Effectiveness Data and Information Set (HEDIS).

Thank you members of the Committee and Representative Colon for your interest in this Bill and the opportunity for these brief comments.

As past president of the Wisconsin Radiological Society and a practicing radiologist at nine hospitals in south central Wisconsin, I see the scans of many patients with late stage colon cancer. I would prefer not to see these scans.

Many of these patients would either be cured or have longer lives if their tumors were detected sooner. There are few who would argue the success and value of other medical screening programs such as mammography for breast cancer, pap smears for cervical cancer, PSA blood tests for prostate cancer. And the list goes on.

Despite being less common than the types of cancer I just mentioned, colon cancer kills more people than each of them. This is a testament to the value of these successful screening programs. Despite the existence of tests that can detect colon cancer sooner, less than half of eligible patients over 50 undergo screening for colon cancer. Now is our opportunity to address this. The American Cancer Society and Representative Colon should be commended for their efforts to promote mandatory coverage for colon cancer screening.

Similar to how the University of Wisconsin is seen as a world leader in stem cell research, Wisconsin is actually now at the center of developing new techniques of colon cancer screening. Thanks to the work of Dr. Perry Pickhardt and his team at the University of Wisconsin, we have new tools for diagnosis of colon cancer including lower cost options. Dr. Pickhardt published the first large papers validating CT Colonography as a lower cost and accurate tool in colon cancer screening. His results were later validated through the large multicenter ACRIN trial recently published in the New England Journal of Medicine. Because two major local insurers have agreed to cover CT colonography, over 6000 patients have been screened since the program's inception and the rest of Wisconsinites deserve the opportunity for similar benefits.

With these new options, coupled with our existing proven tools of endoscopy and other tests, costs can be reduced allowing more effective screening protocols to be developed. The American Cancer Society has instrumental in development and promotion of these protocols. Their current recommendations incorporate the full armamentarium of these methodologies and should be incorporated into the State's program. So, from a medical perspective, the time is right to start saving lives. I urge you to follow the American Cancer Society's lead and specific guidelines for this important issue. Thank you. I would be happy to answer any questions.

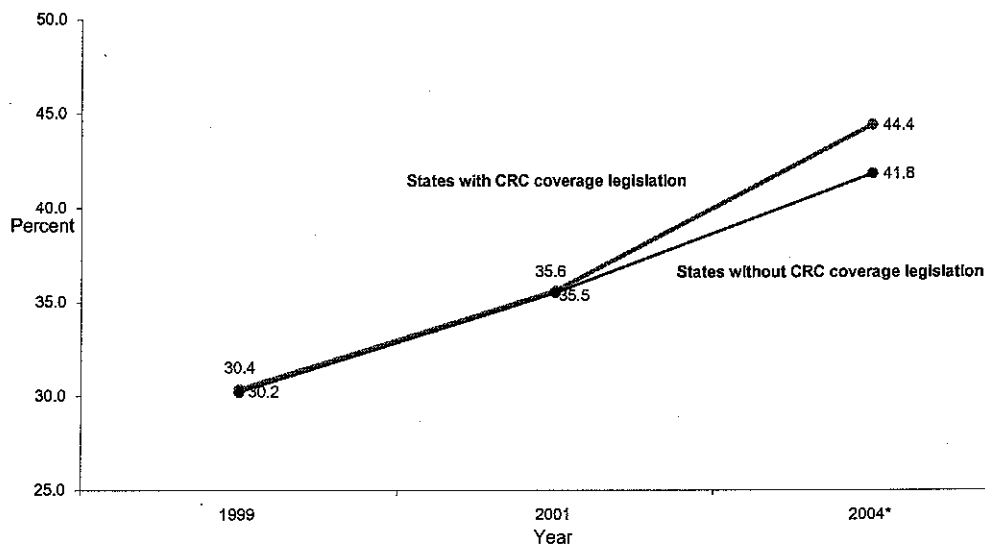


# Colorectal Cancer Screening Coverage Laws Trigger Higher Screening Rates

## Colorectal Cancer Screening Saves Lives

Colorectal cancer (CRC) is the third most commonly diagnosed cancer and the second most common cause of cancer death in the United States. In 2008, an estimated 148,810 new CRC cases will be diagnosed and the disease will kill nearly 50,000 people. The real tragedy is that many of these cancer cases and deaths could be prevented if more people took advantage of regular CRC screening, which actually can find polyps that can be removed before they become cancerous. However, screening rates for this deadly disease are still far low with rates hovering around 50%. When CRC is diagnosed at the earliest stage, the five year survival rate is 90 percent. However, when the disease is not diagnosed until it has spread to distant organs, the five year survival rate drops to 10 percent. Providing insurance coverage for these life-saving screenings is a critical step to reducing the burden of colorectal cancer.

**Colorectal Cancer Screening Comparison of States with and without Screening Coverage Laws, 1999-2004**



Source: Behavioral Risk Factor Surveillance System Public Use Data Tape 1999, 2001, 2004, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, 1998, 2000, 2005. \*In 2004 CRC screening rates between states grouped according to CRC coverage legislation were significantly different, ( $p < 0.001$ ). †An endoscopy (tests include sigmoidoscopy or colonoscopy) within the past five years.

## State Insurance Coverage Laws Are Associated with Higher Screening Rates

An analysis by the American Cancer Society confirmed that CRC screening rates have risen faster and are significantly higher in states that have passed these coverage laws. Between 1999 and 2001, eleven states<sup>±</sup> passed laws requiring insurers to cover the full range of CRC screening tests to remove financial barriers to screenings and bring screening rates up. The CRC screening rates were similar in all states from 1999 to 2001, as the graph above shows. As coverage laws had time to take effect, the rates of screening increased in states with coverage laws faster than those states without such laws. ACS CAN is working actively to get coverage laws passed in more states so more Americans can benefit from these life saving exams.

<sup>±</sup>MO, IN, VA, WV, DE, RI, TX, NC, MD, CT, and NJ were the first states to pass laws protecting insurance coverage for the full range of colorectal cancer screening exams. Currently, 26 states plus the District of Columbia have laws on the books protecting coverage.

To the members of the WI State Assembly,

My name is Chet Waldhart and I have colon cancer. I am writing to tell you my story in hopes it may shed some light on why Assembly Bill 217 is so important. I was planning to be there in person but was unable to make the necessary arrangements. If telling my story helps sway one undecided vote my efforts were well worthwhile.

Four years ago, when I turned 50, my doctor recommended I have a colonoscopy. He made all the necessary appointments and I was ready to go. Two days before the procedure, I received a phone call from the doctor's nurse telling me the insurance provider had denied the procedure. They said it was a routine procedure and as such it was not a covered procedure. They also stated that just because my doctor recommended it that was not a sufficient reason, that I needed a symptom.

In March of this year, I had the colonoscopy. The results totally shocked me. I was told I had a tumor that would require surgery. They sent me to get a CAT scan and then to the surgeon. The surgeon confirmed that I had the tumor and said it needed to be removed as soon as possible. He also told me I would need chemotherapy after I recovered from the surgery as the cancer had metastases to my lymph nodes and liver. He then called an oncologist and set up an appointment. I went to the oncologist and found out that I had stage four colon cancer and she gave me an idea what chemo she would recommend.

In April I had 18" of my colon removed. In May I started chemotherapy. Both may have been avoided with early detection. I asked my surgeon and oncologist if this would have been detected four years ago. Their response was a resounding **YES**. It also would have been at an earlier stage and treatment may have been a lot less invasive than it has been.

Early detection is critical for any disease but is even more so with cancer. People's lives are at stake as well as their quality of life. I've been told I'm incurable. I have to deal with this for the rest of my life all because some insurance provider said no to the one thing that could have prevented all of this. Money is their motivation not the welfare of the policy holder. But which is better, \$2000 for a colonoscopy or the hundreds of thousands they now will have to pay for my lifelong treatment? On top of this, my hospital bill alone would have paid for **TEN** prescreen colonoscopies for other patients.

Assembly Bill 217 will not do anything for me, but if it helps even one person from going through what I'm going through it's worth it. I strongly urge you to pass this bill and as quickly as possible as people's lives are at stake.

Thank you for taking the time to read this.

Chet Waldhart  
1156 Ontario Dr.  
Janesville